



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Okudara	(First) Jon	(Middle) T.	TELEPHONE 488-3533
MAILING ADDRESS (Street) 99-1362 Palaiialii Pl.			FAX
(City) Aiea	(State) HI	(Zip Code) 96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Okudara & Associates, Inc.			TELEPHONE 534-1244
MAILING ADDRESS (Street) 333 Queen St, #902			FAX 534-1247
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Tourism Authority			TELEPHONE 973-2255
MAILING ADDRESS (Street) 1801 Kalakaua Avenue			FAX 973-2253
(City) Honolulu	(State) HI	(Zip Code) 96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Lloyd I. Unebasami			TELEPHONE 973-2264
MAILING ADDRESS (Street) 1801 Kalakaua Avenue			FAX 973-2253
(City) Honolulu	(State) HI	(Zip Code) 96815	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/4/2007

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Lloyd I. Unebasami

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Chief Administrative Officer

NAME OF ORGANIZATION (if applicable)

Hawaii Tourism Authority

TELEPHONE

973-2255

MAILING ADDRESS (Street)

1801 Kalakaua Avenue

FAX

973-2253

(City)

Honolulu

(State)

HI

(Zip Code)

96815

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/10/07

(Date)